

Application Date

/ /

Tax Map Number

- -

Property Zone

Off Premise Zone

Previous Permit Number

(for temporary permits only)

CITY OF CHATTANOOGA

APPLICATION FOR SIGN PERMIT

(Includes BUILDING and ELECTRICAL PERMITS as applicable)

LAND DEVELOPMENT OFFICE

(423) 643-5800

Permit No.

Admin. Charge

\$

Technology Fee

\$

* Review Fee

\$

Permit Fee

\$

Double Fee, if applicable

\$

Total Fee \$

PROPERTY LOCATION		CODE DESCRIPTION		FEE	TOTAL	SIGN DESCRIPTIONS	
		Administration Fee		5.00		Type of Work	<input type="checkbox"/> Sign <input type="checkbox"/> Demo
		Technology Fee		10.00			
		Plan Review Fee		25.00		Number of Sign Faces: _____ Angle Between Faces: _____	
Street Number	Space/Suite #	200 Temporary Sign		30.00		Is angle between sign faces > 60 degrees? <input type="checkbox"/> Y <input type="checkbox"/> N	
		201 Attached sign (non-electric)		50.00		Length: _____ ft. x Width: _____ ft. = _____ sq. Ft.	
Street Name	Street Type	202 Attached Sign (electric)		125.00		Height from ground to top of signs: _____ ft.	
		203 Freestanding Sign		125.00		Least Setback from R.O.W. _____ ft. _____ in.	
Zip Code		204 Projecting Sign		125.00		Copy: _____	
		205 Subdivision Sign		125.00		Waiver Yes <input type="checkbox"/> No <input type="checkbox"/>	
OWNER INFORMATION		206 Billboard/Off Premise Sign		200.00		Variance granted Yes <input type="checkbox"/> No <input type="checkbox"/>	
		207 Illuminated Sign		125.00		Date Granted: ____/____/____	
		208 Installation (\$1,000 or less)		15.00		Permanent <input type="checkbox"/> Incident <input type="checkbox"/> Projecting <input type="checkbox"/> Attached <input type="checkbox"/>	
Name		209 Installation (\$1,001 - \$2,000)		20.00		Special Event <input type="checkbox"/> Mansard <input type="checkbox"/> On-Premise <input type="checkbox"/> Detached <input type="checkbox"/>	
		210 Installation (per \$1,000 over \$2,000)		5.00		Awning <input type="checkbox"/> Marquee <input type="checkbox"/> Off-Premise <input type="checkbox"/> Balloon <input type="checkbox"/>	
		211 Electric Fee (25 sq ft or less)		20.00		Canopy <input type="checkbox"/> Elec. Lighted <input type="checkbox"/> Temporary <input type="checkbox"/> Flag <input type="checkbox"/>	
		212 Electric Fee (per ft over 25 sq ft)		0.20		Construction <input type="checkbox"/> Non-Electric <input type="checkbox"/> Reader Board <input type="checkbox"/> Wall <input type="checkbox"/>	
		213 Electric Fee Non-UL listed/labeled		20.00		Freestanding <input type="checkbox"/> Message Center <input type="checkbox"/> Portable <input type="checkbox"/> Subdivision <input type="checkbox"/>	
City	State Zip	214 Demolition		50.00		Temp Sign Permit for: <input type="checkbox"/> 15 DAYS <input type="checkbox"/> 30 DAYS	
		215 Reinspection Fee		25.00			
Area Code	Phone Number	TOTAL PERMIT FEE				STREET LOCATION OF PROPERTY SIGN LOCATION FROM R.O.W. / PL	
						Street Name: _____	
Tennant name if different from OWNER		The undersigned does hereby declare that the statements contained in this document are true and correct to the best of his or her knowledge and belief.				<div style="border: 1px solid black; width: 100%; height: 100%; position: relative;"> <div style="position: absolute; top: 0; right: 0;">Street Name:</div> <div style="position: absolute; bottom: 0; left: 0;">Street Name:</div> </div>	
CONTRACTOR INFORMATION		Owner or Agent					
Contract Value \$ _____ (Cost of Sign and Installation)							
State Lic City Bus. Lic Phone							
Contractor Name Electric License		For _____ Building Official					
Address		By _____ Date _____					
City State Zip		THIS DOCUMENT BECOMES THE VALID PERMIT WHEN SIGNED BY THE BUILDING OFFICIAL. Plans Prepared by a Registered Architect or Engineer may be required.					

* Review Fee does not apply for Temporary Sign Permits